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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L55884

information indicated on this annual (

SIGNATUR

(5)

PRITCHETT TRUCKING SOUTHERN DIVISION, INC.

Mailing Address Principal Place of Business HIGHWAY 121 SOUTH HIGHWAY 121 SOUTH LAKE BUTLER FL 32054 LAKE BUTLER FL 32054 3. Date Incorporated or Qualified 3a. Date of Last Report 03/08/1990 04/30/1996 Applied For 4. FEI Number 2. Principal Piaco of Business 2a. Mailing Address 59-3004428 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Regulred 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Country Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 30 Florida Statutes 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name PRITCHETT, M.H. **SOUTH HIGHWAY 121** Street Address (P.O. Box Number is Not Acceptable) LAKE BUTLER FL 32054 83 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signalure, typicillor printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaing) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. ☐ Change DELETE 1.1 TITLE TITLE PRITCHETT, PHILLIP W. 1.2 NAME NAME HWY, 121, SOUTH 1.3 STREET ADDRESS STREET ADORESS LAKE BUTLER FL 1.4 CITY-ST-ZIP CHTY-\$1-7F DELETE Change Addition DP 2.1 TITLE TITLE PRITCHETT, JON W. 2.2 NAME NAME HWY. 121, SOUTH 23 STREET ADDRESS STREET ADDRESS LAKE BUTLER FL 2 4 CITY-ST-ZIP CUTY-ST-ZII Change Addition DELETE 31 TITLE THIE 32 NAME HAMI **3.3 STREET ADDRESS** STREET ADDRESS 3.4. CITY-ST-2IP CHTY - ST - ZIP Addition Change DELETE 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CHTY - ST - ZIP Addition DELETE Change 5.1 TITLE THILE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 OITY-ST-ZIP CITY - ST - 7IP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAM: **6.3 STREET ADDRESS** STREET ADDRESS 6.4 CITY-ST-ZIP 14. I do hereby certify that the information

supplied with this fing does not qualify or the exemption stated in Section 119.07(3)(i). Florida Statutes: I further certify that the ort or supplemental annual report is trul and accurate and that my signature shall have the same legal effect as if made under oath; that after the region of trust the empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

FILED May 30 1997 8:00am Secretary of State

